## **Application Data Sheet**

#### **Application Information**

Application number:

10/539,918

Filing Date:

February 17, 2006

Application Type:

Regular

Subject Matter:

Utility

Suggested Classification:

Suggested Group Art Unit:

CD-ROM or CD-R:

None

Number of CD Disks:

Number of copies of CDs:

Sequence Submission?

Computer Readable Form (CRF)?

Number of Copies of CFR:

Title:

PROCESS FOR THE PREPARATION OF AND

CRYSTALLINE FORMS OF OPTICAL

**ENANTIOMERS OF MODAFINIL** 

Attorney Docket Number:

CP247(CEPF-0006)

Request for Early Publication:

No

Request for Non-Publication:

No

Suggested Drawing Figure:

N/A

**Total Drawing Sheets:** 

16

Small Entity?:

No

Latin name:

Variety denomination name:

Petition included?:

No

**Petition Type:** 

Licensed US Govt. Agency:

**Contract or Grant Numbers:** 

Secrecy Order in Parent Appl.?:

Νo

#### **Applicant Information**

Applicant Authority Type:

Inventor

**Primary Citizenship Country:** 

France

Status:

**Full Capacity** 

Given Name:

Olivier

Middle Name:

Family Name:

NECKEBROCK

Name Suffix:

City of Residence:

Ponteau Combault

State or Province of Residence:

Country of Residence:

France

Street of mailing address:

13 rue du Rhinoceros blanc

City of mailing address:

Ponteau Combault

State or Province of mailing address:

Country of mailing address:

France

Postal or Zip Code of mailing address:

77340

**Applicant Authority Type:** 

Inventor

**Primary Citizenship Country:** 

France

Status:

Full Capacity

Given Name:

Pierre

Middle Name:

Family Name:

**LEPROUST** 

Name Suffix:

City of Residence:

Créteil

State or Province of Residence:

Country of Residence:

France

Street of mailing address:

35 bis rue Juliette Savar

City of mailing address:

Créteil

State or Province of mailing address:

Country of mailing address:

France

Postal or Zip Code of mailing address:

94000

#### **Correspondence Information**

Correspondence Customer No.:

46347

Name:

Street of Mailing Address:

City of Mailing Address:

State or Province of Mailing Address:

Country of Mailing Address:

Postal or Zip Code of Mailing

Address:

Phone number:

Fax number:

#### **Representative Information**

Representative Customer No.:

46347

### **Domestic Priority Information**

Application:

Continuity Type:

Parent Application:

Parent Filing Date:

### **Foreign Priority Information**

Country:

**Application No.:** 

Filing Date:

**Priority Claimed:** 

France

0216412

December 20, 2002

Yes

# **Assignee Information**

Assignee name: Cephalon France

Street of mailing address: 20, rue Charles Martigny

City of mailing address: Maisons Alfort-Cedex

State or Province of mailing address:

Country of mailing address: France
Postal or Zlp Code of mailing address: F-94704